

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554059

FILING DATE

18 APR 2007

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		3		/		/
6		3		/		/
7		0		/		/
8		0		/		/
9		0		/		/
10		0		/		/
11		0		/		/
12		0		/		/
13		0		/		/
14		0		/		/
15		0		/		/
16		0		/		/
17	/		/		/	
18		1		/		/
19		1		/		/
20		1		/		/
21		3		/		/
22		3		/		/
23		0		/		/
24		0		/		/
25		0		/		/
26		0		/		/
27		0		/		/
28		0		/		/
29		0		/		/
30		0		/		/
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TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	41	←	33	←	33	←
TOTAL CLAIMS	43		35		35	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						